

P08000042466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

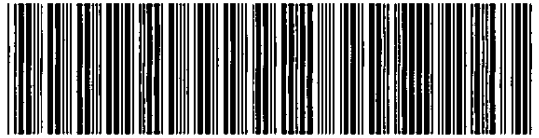
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

7-10-09

LAW OFFICES  
**MARK H. SHORE, P.A.**  
TRIAL PRACTICE  
*SERVING SOUTH FLORIDA SINCE 1985*

320 SOUTHEAST NINTH STREET  
FORT LAUDERDALE, FLORIDA 33316

BROWARD (954) 523-0005  
FAX (954) 523-7474

July 2, 2009

**Amendment Section**  
**Division of Corporations**  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Amendment to Principal office address and Registered Agent of  
HEALTHINSURANCEFORME.COM INC.  
Document No.: P08000042466

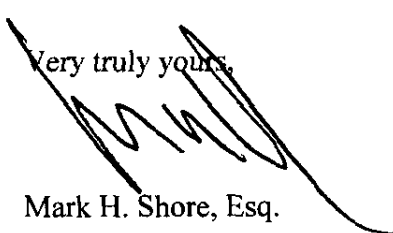
**Dear Madam/Sir:**

The enclosed Statement of Change of Principal Office Address and Registered Office/Agent and \$35.00 fee payable to the Department of State are submitted for filing. Please return all correspondence concerning this matter to the following:

Mark H. Shore, Esq.  
320 SE 9<sup>th</sup> Street  
Ft. Lauderdale, FL 33316.

For further information concerning this matter please call Attorney Mark H. Shore at 954/523.0005.

Very truly yours,

  
Mark H. Shore, Esq.

MHS:brp  
Enclosures

cc:  
HEALTHINSURANCEFORME.COM

STATEMENT OF CHANGE OF PRINCIPAL OFFICE ADDRESS AND OF  
REGISTERED AGENT FOR CORPORATION

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1509, Florida Statutes, this Statement of Change for a corporation organized under the laws of the State of Florida in order to change its Principal Office Address and its Registered Agent in the State of Florida.

1. The name of the corporation is: HEALTHINSURANCEFORME.COM INC.
2. The date of incorporation is: April 28, 2008; Document No.: P08000042466.
3. The principal office address on file with the Florida Department of State is: 10491 SW 16<sup>th</sup> Place, Davie, FL 33324.
4. The *new* principal office address is: **1451 West Cypress Creek Road, Suite 300, Ft. Lauderdale, FL 33309.**
5. The name and street address of the current registered agent and registered office on file with the Secretary of State is: Keith R. Armbrecht, 10491 SW 16<sup>th</sup> Place, Davie, FL 33324.
6. The name and street address of the *new* registered agent is: **Mark H. Shore, Esq., 320 SE 9<sup>th</sup> Street, Ft. Lauderdale, FL 33316.**

The above changes were authorized by resolution duly adopted by its board of directors, or by an officer so authorized by the board, or the corporation has been notified of the change in writing.

HEALTHINSURANCEFORME.COM INC.

By: Keith R. Armbrecht, President

Date

I HEREBY ACCEPT the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark H. Shore, Esq., Registered Agent  
320 SE 9<sup>th</sup> Street  
Ft. Lauderdale, FL 33316

Date

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